

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7/18/08</u>		2 Serial/Patent # <u>08/879,472</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time <u>2255</u>	<u>10</u>	<u>6/24/08</u>	\$ <u>1115.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>1115.00</u> <u>0.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	, <u>01--1960</u>		
<u>Extension of Time # was submitted with</u> <u>petition and not necessary</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>JOANNE BUCKE</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-222-4584</u>		
OFFICE: <u>Office of Patents</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>8/28/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: